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Farmingdale, New York
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-528)						SERIAL NO. 10/089709	FILING DATE
						APPLICANT	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
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TOTAL IND.	4		4		1		
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TOTAL AMEND.	7		14		10		
*MAY BE USED FOR PTO-528							